

Permit Fees _____
 Filing Fee _____
 TOTAL _____

Application # _____
 Date Submitted _____
 Date Approved _____

~ ~ Town of Calais Zoning Permit Application ~ ~

3120 Pekin Brook Road, East Calais, VT 05650

Applicant _____ Property Owner _____

Address _____ Property Address _____

Phone (H) _____ (W) _____ Tax Parcel ID No. _____

E-Mail Address _____ Acreage _____

Feet of Road Frontage _____

A. Proposed Development - construction, addition, etc. - attach narrative page if necessary
Include footprint and dimensions of proposed construction

B. Proposed Change of Use, Conditional Use, or Right of Way

C. Minor Subdivision - see Article 6 - especially 6.2 (c) 1 State permit #

Include acreage and road frontage for each lot



CHECK BELOW FOR OTHER NECESSARY PERMITS OR FORMS

Application is not complete without approved Curb Cut

	Permit No.	Approval Date
Curb Cut Permit - from Selectboard		
State Septic Permits - required prior to construction		
Conditional Use <input type="checkbox"/>	Change of Use <input type="checkbox"/>	
Variance <input type="checkbox"/>	Right of Way <input type="checkbox"/>	



D. CHECK YOUR ZONING DISTRICT AND OVERLAY DISTRICT

ZONING DISTRICT	
Village	
Rural Residential	
Resource Recreational	
Shoreland	

OVERLAY DISTRICT	
None	
Floodplain	
Upland	
Design Control District	

E. Present Building(s)	length	width	height	bdrms	baths	use(s)

F. SITE SKETCH

Please use the space below or your own space to sketch your property.
You are expected to provide the following information.

- ☐ property lines and lengths
- ☐ existing and/or proposed structures - including footprint and dimensions
- ☐ existing and/or proposed waste disposal
- ☐ existing and/or proposed water supply
- ☐ existing and/or proposed rights-of-way
- ☐ existing and/or proposed driveway
- ☐ distance from structures/driveway to public road
- ☐ distance from structures/waste disposal to any streams, ponds, and wetlands
- ☐ distance from structures/waste disposal to property lines
- ☐ existing and/or proposed parking
- ☐ power lines

G. Permission to Enter Property & Applicant Certification Signatures

Signing of this application authorizes the Zoning Administrator to enter onto the premises for the purpose of verifying information presented.

The undersigned hereby certifies that the information submitted in this application regarding the property is true, accurate and complete and that I (we) have full authority to request approval for the proposed use of the property and any proposed structures. I (we) understand that any permit will be issued in reliance on the above representations and will be automatically void if any are untrue or incorrect.

The permit is also void if the development under this permit is not begun within 18 months of the permit.

THIS APPLICATION MUST BE SIGNED BY ALL OWNERS OF THE PROPERTY

Signature of owner(s) of property: _____ Date: _____

_____ Date: _____

Signatures of applicant(s) other than property owner:

_____ Date: _____

_____ Date: _____

NOTE: Failure to develop your property in accordance with your application and any conditions of this permit may result in an enforcement action and may affect your ability to sell or transfer clear title to your property.

If this application must be referred to the DRB for review of conditional use, variance, change of use, subdivision, design control or ROW, then

APPLICANT IS REQUIRED TO PROVIDE THE NAMES AND ADDRESSES OF ADJOINING PROPERTY OWNERS WITHOUT REGARD TO ANY PUBLIC RIGHT OF WAY (ROAD).

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return completed form to:

Dorothy Naylor
Zoning Administrator
3120 Pekin Brook Road
East Calais, VT 05650

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ADMINISTRATIVE OFFICER ACTIONS

Owner _____ Applicant: _____
Zoning District: _____ Overlay: _____

Application must be referred to DRB for approval of:

Date: _____	<input type="checkbox"/>	Conditional Use Approval
Date: _____	<input type="checkbox"/>	Variance Approval
Date: _____	<input type="checkbox"/>	Subdivision Approval
Date: _____	<input type="checkbox"/>	Right-of-Way Approval
Date: _____	<input type="checkbox"/>	Design Review District Approval
Date: _____	<input type="checkbox"/>	Change of Use Approval

Administrative Officer _____ Date: _____

DEVELOPMENT REVIEW BOARD ACTION

Approval Date: _____	Conditional Use	Denial Date: _____
Approval Date: _____	Variance	Denial Date: _____
Approval Date: _____	Subdivision	Denial Date: _____
Approval Date: _____	Right-of-Way	Denial Date: _____
Approval Date: _____	Design Review Dist.	Denial Date: _____
Approval Date: _____	Change of Use	Denial Date: _____

FINAL ADMINISTRATIVE OFFICER ACTION ON ZONING PERMIT # _____

APPROVED:

Date: _____ Administrative Officer Signature _____

_____ **with conditions** _____ **without conditions**

DENIED:

Date: _____ Administrative Officer Signature _____

Reason for denial: _____

RECORDED: _____
Date Time Town Clerk